



**Five Hills
Health Region**

Healthy People – Healthy Communities

**2014-15
Five Hills Health Region
Strategic Plan**



Better Health



Better Care



Better Teams



Better Value

Introduction

We are pleased to present the Five Hills Health Region's Strategic Plan for the 2014-145 fiscal year. Our strategic plan, in conjunction with our Vision, Mission and Values will set a clear sense of direction for our leadership team, staff and physicians as we provide health services to our customers and their families.

Many sources were involved in the development of this strategic plan, including the Saskatchewan Ministry of Health, the Patient First Review, Accreditation Canada, Health Quality Council, Community Consultations, Customer Feedback and Staff and Physicians of the Five Hills Health Region.

As stated in the *Ministry of Health and Healthcare System Plan for 2014-15*:

"Our health system is transforming to become truly 'patient first'. We are firmly focused on improving quality and safety of health services provided to Saskatchewan people and ensuring that they have access to health care where and when they need it.

The Ministry and its partners are working to achieve better health, better care, better value and better teams, through a focus on addressing emergency department waits and patient flow, improving long term care services, enhancing our physician workforce and strengthening mental health and addictions services.

As we move forward to achieve specific targets, we are striving to involve patients and families in care decisions and increase transparency across the system."

Our Vision

Healthy People – Healthy Communities

Our Mission

Five Hills Health Region employees work together with you to achieve your best possible care, experience and health.

Our Values

Respect

- Valuing and honouring each other's' perspectives, diverse beliefs and choices
- Being compassionate and treating each other with dignity
- Honouring fairness and confidentiality
- Recognizing and celebrating contributions of others

Engagement

- Collaborating with clients, providers and stakeholders to achieve the best possible health outcomes
- Actively engaging clients, providers and community stakeholders in the health planning, delivery and evaluation of health services

Excellence

- Learning and improving as individuals and as a system in the relentless pursuit of service excellence, quality and safety
- Achieving a high performing health care system through continuous innovation
- Focusing on care outcomes informed by evidence and sound judgment
- Leading with vision and the courage to do what's right

Transparency

- Building trust through open honest communication
- Providing useful evidence-based information about health care services
- Disclosing the information about the planning and performance of our health region

Accountability

- Demonstrating integrity, ethical behaviour and responsibility for our actions
- Monitoring, evaluating and reporting the performance of our health region
- Thinking and acting as an integrated system in the provision of services responsive to citizen and community needs
- Being good stewards of the resources entrusted to the health region

Five Hills Health Region's strategic plan, in aligning with the Ministry of Health's System Plan, outlines a vision for improving access to a health system that provides **Better Health, Better Care, Better Value** and **Better Teams** for our residents.

VISION Healthy People, Healthy Communities

MISSION

The Saskatchewan health care system works together with you to achieve your best possible care, experience and health.

VALUES

Respect
Engagement
Excellence
Transparency
Accountability

**Better
Care**

**Better
Health**

**Better
Teams**

**Better
Value**

**Culture of Safety | Patient & Family Centred Care
Continuous Improvement | Think & Act as One System**



**Five Hills
Health Region**

Healthy People - Healthy Communities



Putting Patients First
Transforming Health Care through Lean

Better Health

Improve population health through health promotion, protection and disease prevention, and collaborating with communities and different government organizations to close the health disparity gap.

Better Care

In partnership with patients and families, improve the individual's experience, achieve timely access and continuously improve healthcare safety.

Better Value

Achieve best value for money; improve transparency and accountability and strategically invest in facilities, equipment and information infrastructure.

Better Teams

Build safe, supportive and quality workplaces that support patient and family-centred care and collaborative practices and develop a highly skilled, professional and diverse workforce that has a sufficient number and mix of service providers.

New Hospital and Rapid Process Improvement Workshops

In addition to the strategies mentioned in this document, which focus on making improvements to the health of the population and individual care, we in Five Hills Health Region are very focused on the planning and development of our new regional hospital.

Not only will our staff and physicians be working in a new building, they will also be delivering care in an unprecedented manner where multiple services will be brought directly to the patient, rather than the patient seeking multiple services throughout the hospital. These changes are not easy ones and involve changes in mindset and process for our staff, physicians and patients. Part of the way we are trying to implement new, more efficient, patient-friendly ways of delivering care is through ***Rapid Process Improvement Workshops*** or "***RPIW***".

An RPIW is an improvement workshop that is meant to pull together multiple employees from the Region, and clients who have experience in the health system, to analyze and improve a complex, common process. The operational goal of an RPIW is to create a more reliable, efficient, patient-driven process. When successful, an RPIW leads to higher quality care with less time, energy and resources required to make the process smooth. The patient is always the focal point in the analysis and redesign.

RPIWs are also educational events. Participants are instructed on how to understand a complex process in new ways, in order to draw upon the upstream and downstream components, to strengthen their own performance and to see the department in which they work in new ways. This positions participants to lead further change efforts.

Five Hills Health Region has taken on numerous RPIW projects that are expected to continue well into 2015. There are approximately 24 RPIWs planned throughout the year.

In addition to these RPIWs, a Model of Care 3P (Production, Preparation, Process) is planned to learn about our improved methods of working in the New Hospital.



Putting Patients First

Transforming Health Care through Lean

Our Vision

*Healthy People -
Healthy Communities*

Our Mission

*Five Hills Health Region employees
work together with you to achieve
your best possible care, experience
and health.*

Our Values

*Respect Accountability Engagement
Excellence Transparency*

Our Goals

Better Health

Better Care

Better Teams

Better Value

Our Projects (2014-15)

MENTAL HEALTH – Crescent View & Recovery Model

SENIORS – Home First

PRIMARY HEALTH CARE – Chronic Conditions

PATIENT SAFETY – Stop the Line

STAFF SAFETY – Culture of Safety

NEW HOSPITAL – **Fully Functioning Care Team** (Integrated Care Teams & Physician Engagement)

NEW HOSPITAL – **Equipment** (Equipment Procurement)

NEW HOSPITAL – **Transition Planning** (Movement Plan & Home Care, Therapies & Methadone Clinic)

NEW HOSPITAL – **Fully Informed Community** (Fully informed on Transition Plan & Service Delivery)

Principles

Client and Family Centred Care • Think and Act as One System • Continuous Improvement • Culture of Safety



Five Hills
Health Region

SASKATCHEWAN HEALTH CARE MANAGEMENT SYSTEM

Strategy: Better Health

Improve population health through health promotion, protection and disease prevention and collaborating with communities and different government organizations to close the health disparity gap.

Primary Health Care: Efforts continue to increase access to primary health care for Five Hills Health Region residents, while also improving the care experience and health outcomes. These efforts centre on developing team-based care models and improved management of chronic conditions. All primary health care teams include, or are link to, a family physician. A team-based approach ensures patients receive the primary health care they need, when they need it, particularly in rural areas where recruitment and retention of family physicians is a challenge. Improved access and care consistent with best practice guidelines will result in better health for people living with chronic conditions, fewer visits to emergency departments and fewer hospitalizations.

Provincial Outcome	Provincial Improvement Targets	FHHR Projects	FHHR Targets	Lead
By March 31, 2017, people living with chronic conditions will experience better health as indicated by a 30% decrease in hospital utilization related to 6 common chronic conditions (Diabetes, CAD, COD, Depression, Heart Failure, Asthma)	By March 31, 2017, there will be a 50% improvement in the number of people who say "I can access my PHC team for care on my day of choice either in person, on the phone, or via other technology."	Chronic Conditions	By March 31, 2015 there will be a 5% decrease in hospital utilization for diabetes and CAD in FHHR based on 2013-2014 baseline	TH
	By March 31, 2020, 80% of patients with 6 common chronic conditions are receiving best practice care as evidenced by the completion of provincial flow sheets available through approved electronic medical records (EMR) and the EMR viewer.			

Seniors: The population of seniors in Saskatchewan continues to grow. Seniors and their families have a desire to see a shift from institutional care to more community supports. With better supports in place for seniors, we expect to see improved health status and a reduced need for emergency department visits, admission to hospital, long-term care and/or personal care homes. Strengthening the collaborative services for seniors with primary health care will improve the effective management of chronic diseases in the senior population.

Provincial Outcome	Provincial Improvement Targets	FHHR Projects	FHHR Targets	Lead
By March 31, 2020, seniors who require community support can remain at home as long as possible, enabling them to safely progress into other care options as needs change.	By March 31, 2017, the number of clients with a Method of Assigning Priority Levels (MAPLe) score of three to five living in the community supported by home care will increase by 2%.	Home First	Achieve and maintain a 5% increase in new clients from 2012-2013 baseline.	BL
	By March 31, 2015, increase home care utilization and clients in the three pilot RHAs by 5%.			

Mental Health and Addictions: Lean methodologies are being employed in the province to reduce wait times for outpatient mental health and addictions services. Work also continues in the area of suicide prevention, with the spread of newly developed protocols for healthcare providers to ensure there is consistent practice for the assessment and management of persons at risk of suicide in mental health and addiction services. In 2014-15 the RHAs and the Ministry will continue the work to reduce wait times and work together to develop a plan to spread the suicide protocols to other parts of the health system.

Provincial Outcome	Provincial Improvement Targets	FHHR Projects	FHHR Targets	Lead
By March 31, 2019, there will be increased access to quality mental health and addictions services and reduced wait time for outpatient and psychiatry services.	By March 31, 2017, wait time benchmarks for mental health and addictions will be met 100% of the time.	Crescent View	By March 31, 2015 patients will be able to access real time services screening and MHAS brief intervention at Crescent View.	TH
		Recovery Model	Fully implemented recovery model by March 2015.	

Strategy: Better Care

In partnership with patients and families, improve the individual's experience, achieve timely access and continuously improve healthcare safety.

Referral to Specialists and Diagnostics: The health system is working to ensure patients have timely access to specialists and diagnostic services so that treatment is not delayed. Work is underway to strengthen coordination, communication and referral guidelines in order to ensure patients have timely access. The long term goal is for patients to have access to specialists or diagnostic services within one week of being referred.

Provincial Outcome	Provincial Improvement Targets	FHHR Projects	FHHR Targets	Lead
By March 31, 2019, there will be a 50% decrease in wait time for appropriate referral from primary care provider to all specialists of diagnostics.	By March 31, 2015, a provincial model is developed for appropriate referral to diagnostics and specialists in one or two clinical areas.	Referral to Specialists/Diagnostics	By March 31, 2019, there will be a 50% decrease in wait time for appropriate referral from primary care provider for specialists or diagnostics.	CFW

Emergency Department Waits and Patient Flow: In January 2012, the Premier of Saskatchewan challenged the health care system across the province to eliminate waits for emergency department (ED) treatment and reinforced this direction in October 2012 with the release of the *Saskatchewan Plan for Growth*. It is known that long waits in the ED are a symptom of multi-faceted issues affecting patient flow across the continuum of care and that to reduce ED waits, the root causes must be identified and addressed. This may include providing more primary health care options in the community, increasing support for patients with mental health and addictions needs, patients with complex medical, social and behavioral needs, and for seniors. Improvement work in this area therefore seeks to improve emergency department procedures in addition to addressing related processes and pressures outside the ED.

Provincial Outcome	Provincial Improvement Targets	FHHR Projects	FHHR Targets	Lead
By March 31, 2017, no patient will wait for care in the emergency department.	Maintain the number of Alternate Level of Care Days (waiting placement) across the province and in each region at no more than 3.5% total.	ER Flow	By March 31, 2017, no patient will wait for care in the Emergency Room	LA
	By March 31, 2015, 50% reduction in emergency department waits.			

Appropriateness/Best Practice: Work in this area aims to ensure patients receive consistent, evidence-based and safe diagnostic and treatment options, receive high-quality care experiences and achieve the intended outcomes. Patients with similar conditions frequently experience differences in diagnostic testing and treatment options offered or provided, resulting in varied experiences and outcomes. There are many complex factors to consider when diagnostic tests and treatment options are offered to patients which results in some variation. Lean process improvement gives us standards and tools for improving how evidence-informed care is delivered.

Provincial Outcome	Provincial Improvement Targets	FHHR Projects	FHHR Targets	Lead
By March 31, 2018, there will be a 50% reduction in inappropriate services.	By March 31, 2015, develop a provincial appropriateness framework strategy, implementation plan and accountability mechanisms.	Appropriateness	By 2018, there will be a 50% reduction in inappropriate services	CFW
	By March 31, 2015, data analysis and reporting mechanisms are in place to capture and analyze baseline data that flows back to point of care.			

Strategy: Better Teams

Build safe, supportive and quality workplaces that support patient-and-family centred care and collaborative practices and develop a highly skilled, professional and diverse workforce that has a sufficient number and mix of service providers.

Culture of Safety: Improving the safety of patients and healthcare workers is a top priority in Saskatchewan. Harm can occur in all healthcare settings, however many of these harms are preventable when safety practices are embedded in daily work. Once step towards establishing a culture of safety is to design a safety alert system that empowers patients, families and healthcare workers to recognize a potentially dangerous situation and trigger a process to stop the harm before it occurs. True improvement occurs when organizations create a culture of safety that places both patient and staff safety at the heart of the organization's activities. All of the work in this area aims to eliminate harm to both the patients we serve and those providing care.

Provincial Outcome	Provincial Improvement Targets	FHHR Projects	FHHR Targets	Lead
To achieve a culture of safety, by March 31, 2020 there will be no harm to patients or staff.	By March 31, 2017, fully implement a provincial Safety Alert/Stop the Line System.	Stop the Line		LA
	By March 31, 2015, "Stop the Line" will be replicated in three acute care facilities in Saskatoon and one other agency or region.			
	By March 31, 2016 there will be zero shoulder and back injuries.	Culture of Safety	By March 31, 2016 there will be zero shoulder and back injuries.	SC

Strategy: Better Value

Achieve best value for money, improve transparency and accountability, and strategically invest in facilities, equipment and information infrastructure.

Bending the Cost Curve: Health costs continue to increase. A focused effort is required to ensure the health system is sustainable into the future. The health system is expected to bend the cost curve by lowering status quo growth rate by 1.5% per year by 2017. Improvements to quality of processes and products, and business cases that identify shared service opportunities will improve the system and create savings. For 2014-15, the areas of focus include: transcription services, environmental services, supply chain services, and enterprise management. Tools and processes to assist in managing the work force, ensuring that the right workers are in the right place at the right time will aid in managing compensation costs. The utilization of Lean management tools will assist in enhancing quality and effectiveness.

Provincial Outcome	Provincial Improvement Targets	FHHR Projects	FHHR Targets	Lead
By March 31, 2017 as part of a multi-year budget strategy, the health system will bend the cost curve by lowering status quo growth rate by 1.5% per year.	By March 31, 2015, shared services will achieve measurable improvements in quality while achieving the \$100M in cumulative savings.	Bending the Cost Curve	By March 31 2017, as part of a multi-year budget strategy, the health system will bend the cost curve by 1.5% per year.	WB
	By March 31, 2015, we will have spent 1% less on straight time worked hours and premium hours than in 2013-14, resulting in approximately \$20M savings to the system.			
	By March 31, 2015, the 2014-15 approved business cases for shared services will be presented for feedback and implemented once a final decision is made and an implementation plan is in place.			

Strategic Investment in Infrastructure: Maintaining needed health system infrastructure (information technology, facilities and equipment) is essential to ensuring continuity of health services for our patients. We are taking a strategic provincial approach. This provincial approach will ensure standardization, coordination and integration across the system.

Provincial Outcome	Provincial Improvement Targets	FHHR Projects	FHHR Targets	Lead
By March 31, 2017 all infrastructure (information, technology, equipment and facilities) will integrate with provincial strategic priorities, be delivered within a provincial plan and adhere to provincial standard work.	By March 31, 2015, equipment and facility renewal planning processes will be developed to ensure a coordinated and integrated provincial approach.	Provincial Integration	By March 31, 2017 all infrastructure (information, technology, equipment and facilities) will integrate with provincial strategic priorities, be delivered within a provincial plan and adhere to provincial standard work.	JA

Strategy: New Hospital

Ready to receive and care for patients with a full scope of services.

New Hospital: The construction of the new hospital is slated for completion in March 2015, with the transition and move coordination taking place from May to July. There are several very important, large-scale projects that will take place throughout this fiscal year in preparation for the upcoming move.

FHHR Projects	FHHR Targets	Lead
Integrated Care Teams	By April 2015, have fully functional integrated care teams platform developed.	LA
Physician Engagement	100% of physicians have two appointments with the Senior Medical Officer between April 2014 and March 2015.	CFW
Equipment Procurement	By April 2015, have completed the selection and commissioning of all equipment.	JA
Fully Informed Community	By April 2015, have a full informed community (including all stakeholders).	KM
Fully Informed on Service Delivery	By April 2015, have fully informed stakeholders through increased understanding of how services will be delivered and the important activities being undertaken in preparation to function in the new hospital.	KM
Fully Informed on Transition Plan	By April 2015, we will have fully informed stakeholders through increased understanding about transition of services associated with the move to the new hospital.	KM
Home Care, Therapies and Methadone Clinic Movement	By April 2015, Home Care, Therapies and Methadone clinic will have moved.	BL
Moving Plan	Moving plan developed and a fully informed staff by March 2014.	JL

Abbreviations

BL – Bert Linklater, Senior Vice President, Operations

CFW – Dr. C. F. Wigmore, Senior Medical Officer

JA – Jim Allen, Vice President, Environmental Services

JL – John Liguori, Vice President, New Hospital Project

LA – Laurie Albinet, Vice President, Clinical Services

MV – Mark Vooght, Medical Health Officer

SC – Stuart Cunningham, Vice President, Human Resources

TH – Terry Hutchinson, Vice President, Community Health Services

WB – Wayne Blazieko, Vice President, Finance/Chief Financial Officer

Board Approved – April 30, 2014